

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

AMERICAN LEADERSHIP PROJECT

(b) Address (number and street) ☐ check if different than previously reported

2261 MARKET STREET PMB 319

(c) City, State and ZIP Code

SAN FRANCISCO

CA

94114

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000871

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

through

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

(b) Communication Title Middle

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?

Yes ☐No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

Nancy L Warren

(b) Address (number and street)

2261 Market Street PMB 319

(c) City, State and ZIP Code

San Francisco

CA

94114

(d) Name of Employer or Principal Place of Business

Warren & Associates LLC

(e) Occupation

Accountant

9. Total Donations This Statement

250100.00

10. Total Disbursements/Obligations This Statement

25000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Nancy L Warren

SIGNATURE

DATE 06/02/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name jason Kinney	Transction ID : F91.000001	
	(b) Address (number and street) 980 9th Street Suite 2000		
	(c) City, State and Zip Code Sacramento CA 95814		
	(d) Name of Employer or Principal Place of Business Consultant	(e) Occupation California Strategies LLC	
B.	(a) Name Roger Salazar	Transction ID : F91.000002	
	(b) Address (number and street) 1005 12th Street Suite A		
	(c) City, State and Zip Code Sacramento CA 95814		
	(d) Name of Employer or Principal Place of Business Acosta Salazar LLC	(e) Occupation Consultant	

A. Full Name of Donor

Amer Fed of State County Muni Emps AFSCME

Mailing Address of Donor

1625 L Street NW

City

State

Zip

Washington

DC

20036

Date of Receipt

M M
0 5

D D
3 0

Y Y Y Y
2 0 0 8

Amount

150000.00

Transaction ID : F92.000001

B. Full Name of Donor

American Federation of Teachers

Mailing Address of Donor

555 New Jersey Avenue

City

State

Zip

Washington

DC

20001

Date of Receipt

M M
0 5

D D
3 0

Y Y Y Y
2 0 0 8

Amount

100000.00

Transaction ID : F92.000002

C. Full Name of Donor

Deanna Dawson

Mailing Address of Donor

1015 12th Avenue North

City

State

Zip

Edmonds

WA

98020

Date of Receipt

M M
0 6

D D
0 1

Y Y Y Y
2 0 0 8

Amount

100.00

Transaction ID : F92.000003

SUBTOTAL of Donations This Page (optional).....

250100.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

250100.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee Lisa Cabanel Consulting				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 8</div> </div>					
Mailing Address of Payee 1604 Fawn Lane				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div>					
City Huntingdon Valley		State PA						Zip Code 19006	
Name of Employer		Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Additional TV airtime - Middle									
Name of Federal Candidate Hillary Clinton		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: MT District:		Disbursement/Obligation For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F94.000002									
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursement/Obligation This Page (optional)

25000.00

TOTAL This Period (last page this line number only)
 (carry total from last page to line 10)

25000.00